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CONFIRMATION NO. 3794

<b>SERIAL NUMBER</b> 09/535,186	<b>FILING OR 371(c) DATE</b> 03/27/2000 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2857	<b>ATTORNEY DOCKET NO.</b> CARDIOBEAT-1	
<b>APPLICANTS</b> George McBride, Cave Creek, AZ; Robert Royce, Mesa, AZ;					
<b>** CONTINUING DATA *****</b> None, MC					
<b>** FOREIGN APPLICATIONS *****</b> None, MC					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/25/2000 <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Mohamed Chai</u> <u>MC</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Donald J. Lenkszus PC P O Box 3064 Carefree, AZ85377					
<b>TITLE</b> Medical testing system and method					
<b>FILING FEE RECEIVED</b> 875	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		